New Jersey Department of Health and Senior Services
Special Child, Adult and Early Intervention Services
STATE BIRTH DEFECTS REGISTRY
PO Box 364, Trenton, NJ 08625-0364

C O N F I D E N T I A L

SPECIAL CHILD HEALTH SERVICES REGISTRATION

Hospital Stamper Plate

TYPE OF REGISTRATION: 1 ☐ New 2 ☐ Update

MEDICAL RECORD NO.

PRINT INFORMATION ON CHILD

NAME: Last *(As appears on birth certificate)* First MI

ALSO KNOWN AS: Last First MI

ADDRESS: Street | STATE

CITY | ZIP CODE | COUNTY

DATE OF BIRTH ____ / ____ / ____ (Mo. / Day / Yr.)

BIRTHWEIGHT ____ Grams ☐ Unknown

HISPANIC/LATINO
1☐ Yes 9☐ Unknown
2☐ No

SEX
1☐ Male 9☐ Indeterminate
2☐ Female

RACE
1☐ White 4☐ Japanese 7☐ Filipino
2☐ Black 5☐ Am. Indian/Alaska Native 8☐ Other Asian/
3☐ Chinese 6☐ Native Hawaiian Pacific Islander

PREMATURE
1☐ Yes 9☐ Unknown
2☐ No

PLURALITY
1☐ Single 3☐ Other Multiple
2☐ Twin 9☐ Unknown

INSURANCE
1☐ None 2☐ Private 3☐ Medicaid 9☐ Unknown

IF CHILD EXPIRED, DATE OF DEATH ____ / ____ / ____ (Mo. / Day / Yr.) | HOSPITAL/PLACE OF DEATH

AUTOPSY PERFORMED
1☐ Yes 2☐ Pending 3☐ No 9☐ Unknown

INFORMATION ON PARENT/GUARDIAN

MOTHER'S NAME: Last First | MAIDEN

INSURANCE # | DATE OF BIRTH ____ / ____ / ____ (Mo. / Day / Yr.)

ADDRESS: Street (if different than Child's) | STATE

CITY | ZIP CODE

TELEPHONE NUMBER ( ) -

FATHER'S NAME: Last First

ADDRESS: Street (if different than Child's) | STATE

CITY | ZIP CODE

DATE OF BIRTH ____ / ____ / ____ (Mo. / Day / Yr.) | TELEPHONE NUMBER ( ) -

GUARDIAN/AGENCY NAME: Last First

ADDRESS: Street | STATE

CITY | ZIP CODE

TELEPHONE NUMBER ( ) -

INFORMATION ON CHILD

HOSPITAL/PLACE OF BIRTH: City State | HOSPITAL/PLACE OF DIAGNOSIS: City State

CHILD'S PHYSICIAN/PEDIATRICIAN | TELEPHONE NUMBER ( ) - | CHILD TRANSFERRED TO / FROM (Circle one) HOSPITAL NAME

DIAGNOSIS (Be Specific)	AGE AT ONSET	STATE USE ONLY
1.		CN:
2.		
3.		
4.		
5.		
6.		
7.		
8.		

AGENCY INFORMATION

WAS FAMILY INFORMED OF REGISTRATION? ☐ Yes ☐ No

AGENCY NAME | TELEPHONE NUMBER ( ) -

NAME OF PERSON COMPLETING FORM | DATE COMPLETED ____ / ____ / ____ (Mo. / Day / Yr.)

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